

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 1 | | 1 | | |
| 4 | | 1 | | 1 | | |
| 5 | | 1 | | 1 | | |
| 6 | | 2 | | 1 | | |
| 7 | | 2 | | 1 | | |
| 8 | | 1 | | 1 | | |
| 9 | | 1 | | 1 | | |
| 10 | | 1 | | 1 | | |
| 11 | | 1 | | 1 | | |
| 12 | | 1 | | 1 | | |
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| 14 | 1 | | | 1 | | |
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| TOTAL IND. | 2 | 3 | 1 | | | |
| TOTAL DEP. | 37 | 36 | 42 | | | |
| TOTAL CLAIMS | 39 | 39 | 43 | | | |

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|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY